## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u>

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

	E ADDRESS (Note: Use Block 1 for	any change of address)		Note: A certificate of fee(s) Transmittal. The papers. Each additional laye its own certificate	mailing can only be used fis certificate cannot be used il paper, such as an assignme of mailing or transmission.	or domestic mailings of the for any other accompanying ent or formal drawing, must
Thomas J Nikolai Nikolai Mersereau 820 International C 900 Second Avenue	i Esq. & Dietz P A Jentre	FEB 23	E.	Cer	tificate of Mailing or Tran	
4/2005 SST AATH2, 0000 50540 2-3-322546			Bonni		Ryan	(Depositor's name)
C:1501 C:8001	1400.00 DP 6.00 DP	TRADEM	AKIT.	Februa		(Signature)
APPLICATION NO.	FILING DATE	FIRS	ST ŅAMED INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/703,746	. 11/01/2000		Ron A. Balczewsk	ski 20000408.ORI		2104
APPLN. TYPE nonprovisional	SMALL ENTITY NO	ISSUE FEE \$1400	PU	\$0	TOTAL FEE(S) DUE \$1400	DATE DUE 03/22/2005
EXAM	INER	ART UNIT	CL	ASS-SUBCLASS ·	]	
PEESO, THOMAS R		2132	4	713-182000		
CFR 1.363):  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to			
"Fee Address" indicat PTO/SB/47; Rev 03-02 o Number is required.	ion (or "Fee Address" Indica or more recent) attached. Us	i	isted, no name will	be printed.	no name is 3	
"Fee Address" indicat PTO/SB/47; Rev 03-02 o Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI	ion (or "Fee Address" Indice or more recent) attached. Us RESIDENCE DATA TO B an assignce is identified be 37 CFR 3.11. Completion	E PRINTED ON THE clow, no assignce data of this form is NOT a s	isted, no name will PATENT (print or a will appear on the substitute for filing ESIDENCE: (CITY	be printed. type)	ee is identified below, the output	document has been filed for
"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNIC Cardiac F	ion (or "Fee Address" Indicator more recent) attached. Us  RESIDENCE DATA TO Be an assigned is identified by 37 CFR 3.11. Completion  EE  Pacemakers,  assignee category or category	E PRINTED ON THE clow, no assignce data of this form is NOT a s  (B) RI  I nc. S	PATENT (print of a will appear on the substitute for filing ESIDENCE: (CITY It. Paul, don the patent):	type) e patent. If an assign an assignment.  and STATE OR COU Minnesot	ce is identified below, the of JNTRY)	document has been filed for
"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNIC Cardiac Full as the check the appropriate 4a. The following fee(s) are 12 issue Fee Publication Fee (No steel)	ion (or "Fee Address" Indicator more recent) attached. Us  RESIDENCE DATA TO Be an assignee is identified by 37 CFR 3.11. Completion  EE  Cacemakers,  assignee category or categorical control of the co	E PRINTED ON THE elow, no assignce data of this form is NOT a second of this form is NOT as seco	PATENT (print of a will appear on the substitute for filing ESIDENCE: (CITY It. Paul, don the patent):  Tyment of Fee(s):  A check in the am Payment by credit The Director is here.	be printed.  type) c patent. If an assign an assignment.  and STATE OR COUMINNESOT  Individual XX Count of the fee(s) is encard. Form PTO-2038 areby authorized by circles.	ee is identified below, the of JNTRY)  a  proporation or other private grant closed.  is attached.	document has been filed for
"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in  (A) NAME OF ASSIGNITE Cardiac Function of the control of the con	ion (or "Fee Address" Indicator more recent) attached. Use RESIDENCE DATA TO Be an assignee is identified be 37 CFR 3.11. Completion BE Pacemakers, assignee category or category assignee category or category and a second complete assignee category or category and a second category assignee category or category and a second category and a second category and a second category assignee category or category and a second category and a seco	E PRINTED ON THE elow, no assignee data of this form is NOT a second of th	PATENT (print of a will appear on the substitute for filing ESIDENCE: (CITY of a Paul, don't he patent):  Tyment of Fee(s):  A check in the am Payment by credit The Director is he posit Account Num  b. Applicant is no	be printed.  type) c patent. If an assign an assignment.  and STATE OR COUMINGSOT  Individual XX Count of the fee(s) is encard. Form PTO-2038 areby authorized by closer.	ce is identified below, the off JNTRY)  a  proporation or other private gracelosed.  is attached.  harge the required fee(s), or enclose an extra off conclose an extra of the conclose and extra off conclose	document has been filed for coup entity Government credit any overpayment, to copy of this form).
"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNIC Cardiac Full Please check the appropriate 4a. The following fee(s) are Publication Fee (No standard Publication Fee (No	ion (or "Fee Address" Indicator more recent) attached. Use RESIDENCE DATA TO Be an assignee is identified be 37 CFR 3.11. Completion BE Pacemakers, assignee category or category assignee category or category and a second complete assignee category or category and a second category assignee category or category and a second category and a second category and a second category assignee category or category and a second category and a seco	E PRINTED ON THE elow, no assignee data of this form is NOT a second of th	PATENT (print of a will appear on the substitute for filing ESIDENCE: (CITY of the Paul), and on the patent):  It Paul, don't he patent he pat	be printed.  type) c patent. If an assign an assignment.  and STATE OR COUMINGSOT  Individual XX Count of the fee(s) is encard. Form PTO-2038 are by authorized by closer  longer claiming SMAl apply any previouslent the applicant; a regiment.	cee is identified below, the of JNTRY)  a  proporation or other private gracelosed.  is attached.  harge the required fee(s), or (enclose an extra of the control of the co	document has been filed for coup entity Government credit any overpayment, to copy of this form).

This collection of information is required by 3 CFR 1.11. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.